

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

01568599

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			1					57					
8			1					58					
9			1					59					
10			1					60					
11			1					61					
12			1					62					
13			1					63					
14			1					64					
15			1					65					
16			1					66					
17			1					67					
18			1					68					
19			1					69					
20			1					70					
21			1					71					
22			1					72					
23			1					73					
24			1					74					
25			1					75					
26			1					76					
27								77					
28								78					
29								79					
30								80					
31								81					
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37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			1		1			TOTAL IND.			2		
TOTAL DEP.			23		23			TOTAL DEP.			14		
TOTAL CLAIMS			27		24			TOTAL CLAIMS			14		